

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>865</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>GARY</u> <u>L</u> <u>ISHAM</u> P O Box Bldg Room No If any _____ Street <u>3443 SAXON ST</u> City <u>BURTON</u> State <u>MI</u> <u>48519</u> ZIP Code + 4 <u>1049</u>	4 Name file number and address of labor organization Name _____ Labor Organization File Number <u>540444</u> P O Box _____ Street <u>Michigan Regional</u> <u>Council of Carpenters</u> <u>3800 Woodward Avenue</u> Suite 1200 City <u>Detroit, MI</u> <u>48201</u> State _____ ZIP Code + 4 _____
5 Position in labor organization <u>HEALTH CARE TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income <u>N/A</u> 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Gary L Isham</u>	On <u>8/10/05</u> <u>810-793-1051</u> Date Telephone Number

Name of Person Filing

GARY L ISHAM

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Michigan Carpenters Fringe Benefit Funds
6525 CENTURION DRIVE
LANSING MICHIGAN 48917 9275

Street

City

State

ZIP Code + 4

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

(SEE ABOVE)

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

TRUSTEE OF FRINGE BENEFIT
FUNDS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ALL REIMBURSEMENT ARE FOR
EXPENSES DIRECTLY INCURRED
IN MY CAPACITY AS TRUSTEE.

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment.

MICHIGAN CARPENTERS HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM
JANUARY 1 2004 THROUGH DECEMBER 31 2004

GARY ISHAM

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/18/2004	Gary Isham	\$48 75	3/17/04 BOT Meeting Transportation
6/15/2004	Gary Isham	\$55 25	6/15/04 Benefits Rev Mtg Transportation
6/16/2004	Gary Isham	\$58 25	6/16/04 BOT Meeting Transportation
10/12/2004	Gary Isham	\$178 50	10/11 & 10/12 JT BOT Mtg Transportation
12/9/2004	Gary Isham	\$56 25	12/9/05 Benefits Rev Mtg Transportation
12/31/2004	Boyne USA Resorts	\$411 06	Hotel Room for 10/11 & 10/12 JT BOT Mtgs
		TOTAL \$808 06	